Cityof Troy Application for Grant Assistance 50/50 Commercial Building Exterior Rehabilitation & Stabilization Program

			Date Submitted		
Building Ac					
Owner's Na					
	or Corporatior	n or other)			
Owner's Ad					
Telephone	#	(Work)		(Home)	
		(Fax)		(Email)	
Note 1 * PI	ease comple	te & sign attached " ************************************	City of troy Vendor	**************************************	
A Number		es in Building	inclit of Froject		
7 (realing of	Owner's Busi	ness & Address #	# years in Busin	ness	
	OWNER & Busi	11000 & 7 (441000 11	At this Location		ion
1)			At this Location	T TO VIOUS ECCATI	OH
''	Business				
	Tenants & Ac	dress #'s			
2)					
3)					
4)					
7)					
R Number	of Employee	es in Business:		<u> </u>	
D. Italiibei	Name of Bus		currently	After improvem (Estimated)	ents
1)					
1) 2)					
3)	CURRENT E	MDLOVEES			
Total	# Black		White	Othor	
	# Male	Hispanic # Fam.		Other	
		# Fema	ale		
	# Handicappe	<u></u> €0			
	# Single	.(11		" F I . I I . (I I . I I	
		of Household		# Female Head of Hsld	
		attached chart,			
		es with income below	the max. household		
	income				
ļ		Prepared 02/11/02)		7	
	•	ery Low Income	Low Income		
	1 \$		\$ 31,100.00		
	2 \$		\$ 35,500.00		
	3 \$		\$ 39,950.00		
	4 \$		\$ 44,400.00		
	5 \$		\$ 47,950.00		
	6 \$		\$ 51,500.00		
	7 \$		\$ 55,050.00		
	8 \$	36.650.00	\$ 58.600.00	ĺ	

C. Sales V	olume (Approximate Ran			
	Name of Business	Currently	After improvements	
1)				
2)				
3)				
4)				
D. Are the	re any residential units in	the buildin	ng:	
Descr	ibe:			
Do the	e units have a certificate of o	code compl	iance?	
	yes no			
	n of Building to be Inprov			
	ttach photographs (digital			cluding roof. Include
	hotos of any particular pro			
Note 3 * A	ttach copy of approved si	te plan and	l all site plan stipulations	*
Property D	imensions			
	Building Construction			
,	or 2 Fire Resistive or Non- C		r	
	Masonry and Heavy Tim			
Type 4	Ordinary Masonry and F	rame		
	Frame Construction			
	r of Stories (Main Buildin			
		ox. ht. of Bl	dg. Above grade	
Basement:	or Cellar			
	Dormers, Towers, Etc.			
	g Demensions:			
	ngth of Main Building		# of storie	s In Addition
	ngth of Additions:			
D) Buildin	g Uses:			
1st Floo	r			
Upper F				
Baseme				
	g Condition of Exposed El	evations o	f Buildings	
	work: (Describe briefly):			
Front Fa				
Side Wa	. ,			
Back Wa				
Chimney	/s, Parapets, Towers, Etc.			
Other				
	Roof & problem			
	e project work items and	estimated	cost:	Estimate:
	ng work			\$
	onry work			
	ows & Doors			
4. Store				
	r trim work			
	& painting			
7. Signs				
8. Othe	r work			
			Estimated	I total \$

G) Proposed method	l of Work				
Contract	Self-Help_		Combination	on	
	<u> </u>				
H) Date Work Can Be	egin				
•					
I) Date Work Must Be	Completed By	/			
K)Do you anticipate	a need for:				
architect's desin serv	rices	yes			
planning staff		yes			
contractor design serv	vices	yes			
design information by	owner: yes	no			
L) Have you ever had			the City of Troy	?	
	If yes, desc	cribe			
M) Are you applying					
N) Are you, or any ot	her owner of the	ne proper	ty, a City of Troy	y employee?	
1. Describe any recent	t improvements	you have	already complete	ed on the building, if	any:
					
	l proposed activ	ities (inclu	uding land/building	g acquisition, demol	lition, new construction,
rehabilitation, etc.):					
0.0:(1			17. 12. 7.		
	owner's busines	s backgro	ound (indicating e	xperience in underta	aking similar development
projects):					
4 Duint description of	:	. /:	a a de la la litta a ef as a		
	project reasibility	y (indicate	e availability of ma	arket studies or anal	ysis supporting project
proposal):					

5. Brief description of project goals and objectives and benefits to the City of Troyif project is implemented:
6.Briefly describe the need for grant funding by demonstrating the existence of financing gap or the economic
infeasibility of the proposal if private funds are substituted for grant fund request:
I hereby submit this grant application and have attached the information requested in Note #1
through Note #5.
Applicant's Signature
Title
Date

* Note 4 Obtain the following property ownership verification from City Assessor's office. *
PROPERTY OWNERSHIP VERIFICATION
(Official Use Only)
Property to be Improved:
Ward/Plate Number:
Owner Listed As:
I the undersigned, verify that based upon records on file with the City Assessor's Office, Troy City Hall, the
above named person(s) is (are) listed as the owner(s) of the property to be improved.
SIGNED:
Susan Maloney - City Assessor
* Note 5 Furnish proof of payment of all City/School property taxes to date. *
